



2. WITNESSES TO AUTHORIZING PARTY SIGNATURE  
(To be signed by persons over the age of 18 who are not the designated caregiver.)

_____	_____
Witness #1 Signature	Witness #2 Signature
_____	_____
Printed Name, Address and Telephone	Printed Name, Address and Telephone
_____	_____
_____	_____
_____	_____

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

Commonwealth of Massachusetts

\_\_\_\_\_, ss

On this date, \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: \_\_\_\_\_  
Printed name of notary: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

4. CAREGIVER ACKNOWLEDGMENT

I, \_\_\_\_\_, am at least 18 years of age and the above child(ren) currently reside with me at \_\_\_\_\_.

I am the children's (state your relationship to the child) \_\_\_\_\_.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: \_\_\_\_\_  
Printed name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date: \_\_\_\_\_